

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101585556
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73	1					
24							74		1				
25							75						
26							76						
27							77						
28	1						78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36	1						86						
37		1					87						
38			1				88						
39				1			89						
40					1		90						
41						1	91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50	1						100						
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	78					
TOTAL CLAIMS							TOTAL CLAIMS	83					